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Qualitative investigation of the role of collaborative football and walking football groups in mental health recovery

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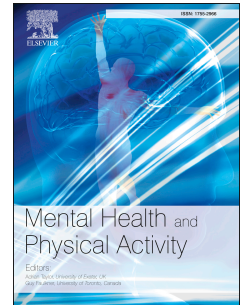
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Abstract

Efforts to increase physical activity levels in people with serious mental health conditions are viewed as desirable but little is known about how best to support this group to engage in exercise over extended periods. From a personal recovery perspective, the dominant paradigm in current mental health service delivery, one promising route involves *participation with*, rather than *administration to* or *supervision of*, mental health service users in team sports, usually football, in order to foster sharing of common interests and experiences. We aimed to explore the factors underlying the success of four collaborative mental health football (soccer) projects and the role played by football in mental health care delivery and in personal recovery. We held semi-structured focus groups with service user ($n=18$) and staff ($n=7$) participants from four football groups (two 'walking' football and two regular football) in two geographical National Health Service Boards in Scotland. Thematic analysis revealed that, central to success, were perceived *relational*, and personal and physical *recovery*-related benefits; *competition and collaboration*- related aspects were important drivers of interest in and commitment to the groups. Further, participants identified *barriers to and concerns for* continued success; specifically, they expressed that they need more explicit support from senior management. The clear emerging message was that collaborative football groups were perceived by participants as a conduit for recovery and an important aspect of mental healthcare delivery. Playing football was associated with a sense of wellbeing, and enhanced relationships between service users and staff.

Keywords: team sports, recovery, football, physical, mental health

Introduction

In Scotland, 15.4% of the population are reported to have poor mental health (Ul-Haq et al., 2014), with conditions such as schizophrenia, and bipolar disorder each affecting up to 1% of people (Scottish Public Health Observatory, 2016). Self-report surveys in Scotland have found between 12% and 20% of the population experience symptoms of depression and / or anxiety; with those living in the most deprived areas at four times greater risk (Scottish Government, 2015). The prevalence of mental health conditions does not appear to be reducing, however more people are accessing treatment and support as awareness increases (Kings Fund, 2008). Interventions such as physical activity and peer support are considered to have a positive impact on mental health by improving community integration, and reducing feelings of stigma associated with having a mental health problem (Repper & Carter 2011).

There are mixed findings about the benefits or otherwise of exercise and physical activity-based interventions for people with serious mental health conditions (Schuch et al., 2016). Exercise-based interventions are found to reduce symptoms of depression; improve aerobic capacity, and quality of life (Rosenbaum et al., 2014). In psychoses, a meta-analysis has shown that, despite exercise-related interventions improving levels of physical activity, the effects on negative or positive symptoms of schizophrenia, anxiety and depressive symptoms, or quality of life in respect of physical and mental domains are doubtful (Pearsall et al., 2014).

Despite the uncertainty of potential benefits of exercise and physical activity, interventions to promote recovery from a range of mental health conditions are clearly promising and recommended by professional bodies (Royal College of Psychiatrists, 2012), and third sector organisations (Mind, 2015). In the UK, guidelines on prevention and management of psychosis and schizophrenia recommend that mental healthcare providers offer service users

a physical activity programme (NICE, 2014). Likewise participation in group physical activity for mild to moderate depression is one of a suggested range of recommended options for care and treatment (NICE, 2009).

One specific type of physical activity, namely sport, has been suggested as a good option for increasing physical activity (Vancampfort et al., 2012), and is associated with personal identity, social confidence, social support, and a sense of belonging (Corretti et al., 2011; Soundy et al., 2012). A systematic review of sports participation for people with schizophrenia found that sport may be associated with reduction in Body Mass Index (BMI) and reduction in psychiatric symptoms, but concluded that better studies are required (Soundy et al., 2015a).

To date, few studies have examined the psychosocial benefits of sports participation for people with mental health conditions from their subjective perspective. A recent systematic review by Soundy et al. (2015b) identified eight studies, with only one involving football (Carter-Morris & Faulkner, 2003). The review found that participation is associated with reduced isolation, and improvements in social confidence, autonomy, and independence. According Carter-Morris and Faulkner (2003) regular participation in football also improved individuals' quality of life and emotional wellbeing. McKeown et al. (2015) have highlighted reciprocity and mutual support as key outcomes of mental health football projects, in specific contrast to experiences that people may have had in mainstream mental health services. Mason and Holt (2012) examined the role of a community-based football and mental health projects; they noted it as a service with a difference, offering scope for social opportunities, self empowerment, and increased wellbeing in a safe, understanding environment. In Scotland, a national initiative to promote involvement in football as a way of tackling social exclusion, for reasons of homelessness or mental ill health, is considered to have had some

success (Street Soccer Scotland, 2015). Similarly, a recent study by Brawn et al. (2015) found service users participating in a football league described a greater sense of wellbeing, and perceived it to have facilitated a reconnection to community inclusion, their sporting history, and personal growth.

Some football projects appear to develop organically as a co-production between mental health service users and care workers and resonate with ideas for a potentially radically different and sustainable NHS which is co designed, co delivered, and people-powered (Nesta, 2013). There is currently a lack of evidence about how these projects operate, their similarities and differences, their prevalence in health and social care, the factors necessary for success or otherwise, or about the benefits for service users and practitioners. Additionally, there has been growing interest among mental health professionals in the value of *sports* in particular as opposed to *exercise* or *activity* in general; and, further, participation by professionals *with* service users, together with a greater willingness to disclose common interests and share experiences (McKeown et al., 2015). From this perspective, there is an increasing alignment of mental health care to the principles of personal recovery (Shanley & Jubb-Shanley, 2007); led by service users rather than professionals (Slade et al., 2017), and which promotes the development of a new sense of self in the presence *or* absence of symptoms (Deegan, 1996; Anthony, 1993). This could justify the role of collaborative sporting participation from a theoretical perspective since it could play a part in social integration, and personal recovery.

Contribution of the current study

In the current study, we collaborated with mental health practitioners and service users to design and conduct a study about the biopsychosocial benefits of football groups from the perspectives of all participants including service users and staff. The study aimed to

explore the experiences of players in four collaborative football and mental health projects related to; i) the perceived benefits of participation from an individual and community perspective; ii) the key elements underlying success or otherwise of the project as defined by participants, and iii) the role played by football in both the delivery of mental health care and in the promotion of personal recovery.

Methods

Study design

The study was initially developed by authors 1 and 5 who have an interest in mental health practitioners working in collaboration with service users in service development. We conducted a qualitative study using focus groups as a method of gathering data about the experiences of mental health service users and practitioners in collaborative football groups. The epistemological underpinning of the study was essentialist/ realist as described by Braun and Clarke (2006). In brief, research conducted from this perspective posits a relatively straightforward relationship between experience, language and meaning such that what people say is assumed to largely reflect their experience and meaning. As such, the analysis will focus on the data as emanating from within individuals and be reflective of their own motivation. This contrasts with constructionist perspectives, which assume that meaning is socially produced (Braun & Clarke, 2006; Burr, 1995). Selection of either an essentialist/realist or constructionist approach, therefore, places limits on what the researchers can reasonably say about the data. A 32 item checklist, COREQ has been used to report important aspects of the study (Tong et al., 2007).

Ethical considerations

The study protocol was approved by the Abertay University Research Ethics Committee and the NHS Research Ethics Committee (15/LO/1127). Permission was sought

and granted from the Research and Development departments in both health boards involved.

Setting and Participants

Previous research suggests that three to six focus groups are sufficient to identify the vast majority of discoverable themes in qualitative research studies (Guest, Namey, & McKenna, 2016). A purposive sample of participants were recruited from service users and staff in four football groups operating in two geographical NHS Boards in Scotland. Authors 2 and 3 co-ordinated and participated in the football groups, and acted as gatekeepers to potential participants by generating interest and discussing the study with them before the first meeting with the researchers. One service user declined to be involved in the focus group therefore, the sample comprised 25 people, 18 service users (78% of whom were male) and 7 staff members (86% of whom were male). The age range of the participants was between 21 and 64 years old, the mean age of participants being 36.7 years, standard deviation 10.6 years. Fourteen participated in football, and 11 in walking football. Staff members were mental health nurses, support workers (both $n=2$), a physiotherapist, a physiotherapy student, and a sports worker (all $n=1$). Length of time in contact with mental health services ranged from 6 months to 25 years, the average being 13.0 years, standard deviation 10.7 years. Service users described their mental health diagnoses as: paranoid schizophrenia ($n=2$), bipolar disorder ($n=3$), depression ($n=2$), borderline personality disorder ($n=2$); $n=9$ did not disclose.

Two football groups were hosted in the same community centre, located in an urban area with a postcode rated in the second decile of multiple deprivation in Scotland (i.e., postcodes rated in the 11-20% most deprived); the other groups were hosted in an inpatient psychiatric setting and in a local community sports centre rated in the seventh (61-70%) and fourth (31-40%) deciles of multiple deprivation in Scotland (Scottish Government, 2016).

The playing format for two groups was football ('soccer' in the US and Canada), specifically two five a side football groups (Group F1 and F2), and two five a side walking football groups (W1 and W2); the key difference in the rules of walking football from standard football is that if a player runs then they concede a free kick to the opposing team (Chelmsford City Council, 2016). The groups were organised collaboratively by service users, mental health nurses, physiotherapists, support workers and volunteers. Groups were taking place weekly in either community sports centres or hospital settings. In each group the number of players attending might fluctuate and teams would be selected on an ad hoc basis; some groups would also have pre-arranged matches against other teams, usually similar collaborative teams from elsewhere in Scotland. In both of the football (i.e., non-walking) groups the players were male only, but both walking football groups comprised men and women. The teams have been active for 15 years, 5 years, 4 months and 6 months respectively.

Data collection

Focus groups were the method chosen to gather data (Holloway & Gavin, 2016); advantageous because it is efficient and the mode of data collection mirrored the style of the activity. Previous research has recommended 3-6 focus groups are sufficient to collect most of the discoverable themes (Guest, Namey, & McKenna, 2016); we therefore conducted four focus groups, one with members of each football project. One of the researchers attended each football group one week prior to the focus group to meet the potential participants, talk about the purpose and reasons for the research, to answer questions, and invite members to participate. A participant information sheet was distributed at this time. Focus groups were facilitated by two of the researchers (1 and 5); one male and one female, one educated to PhD and the other Masters degree level and, one employed by the healthboard in a joint appointment, and the other by the University. Both had worked as practitioners in the field of

mental health and were trained in facilitating focus groups, therefore only the researchers and participants were present.

Focus groups were held at venues identified by the gatekeepers {authors 2 and 3}; three focus groups occurred directly after a football group match in an adjoining space. Prior to commencement we again clarified the purpose of the research, took informed consent, and gave an opportunity for people to withdraw. A semi-structured focus group schedule was designed by two of the research team {authors 1 and 5} with reference to the study aims (see Box 1), and in discussion with the gatekeepers {authors 2 and 3} to ensure all domains were relevant. It was piloted for face validity among an experienced group of academics and reviewed by two ethics committees. Domains included the history of the group; participants' involvement; facilitators of and barriers to the success of the group; benefits the group had brought personally; whether and how playing football in the team supported their recovery and wellbeing; how the group impacted on relationships between service users and staff; advice for others starting a similar group; and what might further improve the group (see Box 1). Some group members spoke more than others; with one exception all spoke to some extent. The focus group would start with introductions and was then guided from the topic list. Participants were encouraged to discuss related topics that arose from these with the focus group style being flexible and guided by open questions. Focus groups were facilitated by two of the researchers (authors 1 and 5); all were audio recorded, transcribed verbatim, and anonymised by removing any identifying details and applying pseudonyms; additional field notes were taken to aid comprehension of the audio recordings. Focus groups lasted between 60 and 90 minutes. Participants were also offered the opportunity to participate in a confidential telephone call with one of the researchers if they felt there was anything else they wanted to discuss about the project, but no participants took up this offer.

We retained awareness of our own potential for bias or *positionality* in the research: the three authors responsible for collecting, organising and analysing the data are all experienced mental health nurses and academics with a commitment to collaborative learning. We had no a priori practical or theoretical commitment to any specific outcome. Author 5 is partly employed by one of the NHS Boards in the study but was not influenced to report findings in any particular way.

Data analysis

Data analysis followed six-steps of thematic analysis as described by Braun and Clarke (2006): i) transcripts were read repeatedly; ii) independent open coding of narrative data; iii) codes were compared, discussed, and, where necessary, amalgamated or split; iv) segments with similar codes were mapped; v) segments were linked hierarchically into sub-themes and combined into themes; vi) further recoding following review and discussion by the research team to ensure congruence between the presented extracts and each theme. We treated the data corpus as a single entity rather than analysing service user and staff contributions, or responses from walking football and regular football separately; however, where quotations are presented we indicate the speaker's designation, staff (ST), or service user (SU), and their mode of football. The analysis was a dynamic process consisting of examining the data through to analysis and theoretical considerations, then re-examining the data and coding frame to compare and identify similarities and differences between emerging themes. This was then reviewed by comparing the transcripts with the coding frame, synthesising the data then identifying high level themes and reaching a consensus (Braun & Clarke, 2006). Finally, a draft version of the paper, including a provisional analysis and discussion section, were circulated and an opportunity given to participants to comment or suggest changes.

Results

Analysis of the focus group data revealed four overarching themes: relational, recovery, competition and collaboration, and barriers and concerns.

Relational

The relational elements incorporated team identity, social capital, and peer support. The groups were viewed by participants primarily as football-related entities, and neither an individual's mental health diagnosis nor any other ostensible 'reason' for them being at the group was considered especially important: *'The walking football, you come in and, you pick your teams and then, you just get on and you start playing and there's no... yeah, you don't know that T's [fellow group member] bipolar, you don't know that, you know, everybody's just their own person'* (Anna, SU W1). Playing the game and being part of the team were paramount considerations: *'Mental health issues seem to go out the window and it's just a matter of getting that wee bit of... surge of energy into the... the place and I think that's what a lot of people have been lacking in their motivation so with doing that they've been able to express themselves and say, 'I could really play football... and enjoy it'* (Graham, SU F1).

Responses to a question about how people referred to their group firmly categorised it as football-related, and a team activity, rather than as primarily a formal therapeutic or mental health-related group; Chris (SU F1) said, *'I always call it football because it genuinely feels like a game of football'*; while Alex (SU W2) stated that, *'I think we are more teammates [than group members]'*. Even those who professed to not like football outside of the group context identified it as a football-related group. The spirit of the football groups and role they played in each other's lives was summed up by one participant: *'No. I think it's because I enjoy... you know, it saves me... I don't like football, you know, I'm not into football but I absolutely love playing walking football – I absolutely love it!'* (Anna, SU W1).

Participants described their football groups as somewhat different from other therapeutic groups; it was strongly perceived to have a positive impact on their mental health, and the staff enjoyed participating also. Informality, familiarity and comfort with one another was commonly alluded to, players described having a laugh and making jokes both during and after the games: *'Yeah, it's good. We have a laugh and that's what it's all about, is getting together and having a laugh and working as a team'* (Claire, SU W2). *'... then you kick each other, you go outside and you talk about it and you're laughing, then it's the next game and people just get on with it'* (Arran, SU F1). This informality was reflected in comments from both parties about the groups' ability to breakdown traditional staff-service user boundaries: *'And I feel part of their team and, you know, some health professionals will look down their nose at that but I think that's why it works, cause we get quite involved with them to get them on their recovery journey... it's so rewarding to see people where they've been and where they are now'* (Gail, ST W1); *'When staff are playing they're not really like staff, they are just players like us'* (Andy, SU F1)

While one football group was longstanding (16 years), newer ventures including the two walking football teams had existed for weeks or months, but already participants were expressing the perceived relational benefits; as a result, group recruitment was often influenced by their recommendation: *'A lot of the time, its word of mouth, if somebody comes and tries it and goes, 'that's fantastic' then others will come. It's just getting people to realise that walking football is better than it sounds!'* (Simon, ST W1).

The giving and receiving of peer support emerged as a key focus of the groups. Group members felt it important to include and support each other, even those they had just met, and related this to their own lived experience: (Robin, SU F1) *'...It's good to see boys like S [names an absent SU player]... at the football because... we've all maybe had a kind of experience somewhere else and it gives you a perspective of... it's not just about being the*

one who's unwell...' Andy (SU, F1) stressed: *'People are encouraging and if perhaps someone's having a difficult game, I've noticed that people tend to look out and give support to each other as well... or take them aside after the game and chat to them and say: 'Look I've been there..'*. This was also evident within the walking football groups where inclusivity was regardless of wellness: *'You've sometimes got guys coming from the wards...so they're really...quite unwell... so I mean you've got to watch for things like that... make them feel really welcome eh?'* (Thor, SU W1). Gender-, age-, fitness-, and ability- related inclusivity was also evident and appreciated: *'It's a chance for somebody like, for example, Jill last week, with the... the wheelchair – she was able to take her penalty, no goalkeeper to worry about, just play that ball down the middle and score your goal'* (Thor, SU W1).

Humour and having fun were commonly acknowledged as benefits of participation: *'When I first came in here [hospital] and seen it [Walking Football] on the board I thought [adopts deadpan] 'that'll be fun' you know what I mean'* (Thor, SU W1). Another participant commented: *'Even if you're not feeling great, you don't have to talk to anybody, it's just fun, you know these guys just make it hilarious'* (Anna, SU W2).

Gaining social capital by developing networks and other supportive resources was evident in descriptions of how social and therapeutic relationships manifested both on and off the field. Players discussed how they worked together during matches, and this led to socialising and developing friendships outside the group: *'Aye we went for a wee dram...'* (Richard, SU F1); *'...and we sometimes go to the curry banquet'* (Joe, SU F1). Marion (SU W2) described: *'the football... its part of it but it's who we've become through it...I think we've made a lot of friends...'* For some, this had led to participation in events such as tournaments and charity marathons which brought feelings of team cohesion, purpose and achievement: *'We've done tournaments for Mental Health Awareness week... annually... professional footballers that were there... likes of Ally McCoist and Richard Gough, players*

like that and that's usually a good boost for the guys' (Graham, SU F1). Another participant from this group commented: *'you do wonder if having... having the tournament to work toward, you know, it impacts on how many people turn up, you know, week in week out, you know?'* (Derek, SU F1).

Recovery

Participants' talked about recovery in terms of symptom reduction, such as raised mood and improved health and fitness alongside psychosocial benefits and personal recovery. For example, some service users spoke of weight loss after attending groups: Richard (SU F1): *'I was 22 stone, so I was a big boy, do you know what I mean? And since that and exercise and that I'm down to fourteen now... obviously so... it kick started... because I was big I was maybe more down as well, but since that group that sort of kick started my... interest and then I was... so I was losing weight and obviously I've lost a lot of weight... so it helped me'*. Health improvements were also attributed to the exercise itself, as in the case of David, (SU F2): *'I just felt like... see after it, you started feeling better. After physical exercise I feel good and... they've had me on tablets for about... twenty year and I felt... I still feel that physical exercise is the best'*.

Some staff members also reflected upon their own physical health and being spurred on to do exercise of other kinds: *'Seeing people coming on and seeing improvement in people, you know, and... coming away from the group feeling that it has gone well and that people have really enjoyed it. It seems people come away from fitness and exercise feeling like that. But I think from a staff point of view it acts as an incentive as well 'cause it actually makes you think about your own physical health'* (Neil, ST F1). Another participant recalled first coming to the group: *'...I was quite ill [referring to mental health] at the time and... I wouldn't leave the house for months on end and... I got advised to come along to this and... basically from then, gradually I've just started feeling a little better really'* (Alex, SU W2).

Andy (SU F2) recalled similarly: *'... when I started getting unwell I always started... went back to the same thing – isolation – but I kind of broke that cycle and ok, sometimes even now I might not feel good but I've got this and... it's structure for me, structure to the day's a big thing'*.

Elsewhere, there was recognition of the benefits being a distraction from everyday concerns: *'And plus even... even just for that one hour, no matter how bad things... bad you might be feeling, for that one hour it just takes your mind totally off it. And sometimes that's all people need'* (Bob, SU W1); more specifically, the group provided for some a valued anchor point in their week; speaking about this (Tom, SU W2) said, *'Well yeah, when I first started going to the football I was quite unwell so it's given me a kind of focus and a drive and... good to get into a routine, like every week... you know... so, yeah, I guess it's helped me to give back as well'*.

Football groups were also utilised as a vehicle for more didactic educational approaches such as smoking cessation interventions: *'We've had visits to the group from like guests from Smoking Cessation Support...so that it's all part of promoting overall health and fitness'* (James, SU F2). More concrete examples of progress included employment: *'You do meet them [lapsed members of the group] in the street though, and the first thing you say is, 'You haven't been to football, are you ok?', 'Oh, I'm working now'* (Richard, SU F1). One service user participant who had taken more of a facilitative role in the F2 group reported that: *'It gives me focus, something to look on every week – Tuesday and Thursdays. It's like giving a bit back as well'* (Ricky, SU W2).

For others, recovery-related statements were more attuned to contemporary recovery constructs related to personal growth and purpose in life. So, for some participants the football had, sometimes contrary to expectations, led to new interests and opportunities including music, exercise and the football itself: *'I prefer it when there's like people that*

dinnae usually...that would never usually think they would play football but they'll come along' (Thor, SU W1). It was also described as a stepping stone to recovery by acting as a vehicle for development of self-belief: *'it's a good way to get people out their shell as well cause I've seen people that are... on the ward they're really quiet and that, they come along to the walking football, they get a touch of the ball and that and it seems to bring them out a wee bit if you know what I mean?'* (Thor, SU W1); and an opportunity to give back, make progress: *'...cause people who are quite serious about trying to get their mental health right realise that the football can maybe help with that'* (Andy, SU F2); resume work or volunteering: *'I volunteer with the Get Active Group and I wouldn't have been able to do that if it wasn't for the football'* (James, SU F2).

Competition and collaboration

This theme represents the conceptual space between relational and recovery-related benefits. This element appeared to contribute to the environment which influences the growth of relationships and recovery. One participant described the complexities of competitiveness in these football groups: *'Sometimes if you get a new guy coming in, they get pretty competitive but it always gets toned down a bit, I mean it's first and foremost meant to be about getting people to feel good... so you're not wanting people totally distraught if they lose cause that's totally missing the point of what it's all about'* (James, SU F2). A sense of competition was a motivating factor but not of primary importance: *'there is competitiveness when we go through to tournaments and that but it's not over competitive, I mean nobody's gonna give anyone a hard time if they don't win'* (Scott, SU F2). Within the walking football focus groups participants considered reasons for success of the group in addition to winning and losing: *'it's driven by the fact that people like team sports, so they feel kind of part of something. There is the winning and losing...and you have to accept both equally.... I think*

that sometimes people don't really have that kind of balance sometimes in their life' (Simon, ST W1).

Collaboration was evidenced in the sense of investment and ownership found across all four focus groups. For example, Charles (SU, F2) *'I've been taking the warm up at the moment, just a quick five minutes to get everyone in the zone, general stretches and stuff like that...'* *'There are guys here who volunteer now and give up their time, put in money and effort, fundraising...'* (Ryan, SU F2). At the same time support given by staff was deeply acknowledged: *'Jordan, puts in effort within work time but also a lot of their own time too... Jordan goes far and beyond a typical NHS staff, I think it would be fair to say'* (Charles, SU F2). The football venues were provided free of charge through health, community and sports collaborations but the football groups, like other community enterprises, often depended upon fundraising activities such as cinema or pool nights to raise money to buy football strips and pay for minibuses to go to events: *'...we get help from [names Community Centre] they've went into their funds and got stuff for us like training tops and things.... Yeah, they have fundraisers, Christmas Fairs and things like that'* (James, SU F2). Members of one group paid regular subsistence fees *'...People put in two pounds per week...so that whenever we need stuff there's money there'* (Charles, SU F2); this was managed by one of the service user participants.

Barriers and concerns

The participants were asked about the facilitators of and barriers to the future success of the group. The involvement of staff was recognised as valuable and supported by their respective services; however, one staff member described how they had been asked by managers to regularly consider moving people from the specialist service and onto playing in a generic community team. This concerned service users and staff alike about the future format of groups: *"When you start anything new you're always asked 'Where's your exit*

point? Where are you going to move patients on to? How long will this run for?’ I think the guys that come along, they need a starting point... and I think by having members of the NHS team support and guide the session, then these guys feel safe, comfortable.....and when they are having a bad day they’ll still come along...the next development is to look for exit points for some, for others this will be the main activity... keep out of hospital, lose weight, that would be good value for money...’ (Jordan, ST W2).

One group member spoke about her reluctance to move beyond what she perceived as the safety of a specialist mental health service provision: *‘I would not go outside mental health but the whole team could move on...’* (Anna, SU W2). Likewise, Graham (SU F1) described how staff involvement had raised their own and others’ expectations of what they could achieve, and in turn highlighted how community based care can raise awareness of and demystify mental health issues: *‘After the game there is another team who comes in to play so they often watch us beforehand and a lot of them couldn’t believe that we all had mental health issues and had been playing at the level we were playing at, they said, “we could never do that!”; I think it’s ‘cause getting the sheer motivation and support from the staff that come along as well...they have been doing a great job and I could say that without embarrassing myself or any of the nurses here’.* Yet engaging with professional football teams in their community had proved difficult: *‘they want to run their own things, they’re not interested in anything we are running, which is a shame cause the publicity would be really good for them and the support good for us’* (James, SU F2).

One perceived barrier to success was poor attendance; it was recognised that where attendance fell it jeopardised the future of the group since a minimum number of people were required for a meaningful game. There was a consensus that, at times, numbers depleted especially over the winter months where people sometimes lost motivation to go out, or in the acute inpatient service where service users were frequently discharged: *“A barrier would*

probably be, you know, the people that were discharged last week, you get a sort of a head of steam up and... then people... people are discharged so it's... for... from my point of view, looking forwards it would be great to have like sessions in their home towns so that it...

(Stewart, ST W1).

Participants in the newer walking football projects found a barrier to be football itself, and they considered that other team sports could offer an alternative: *'Some people do have a mental block with football and they don't want to do that, but I've been trying to spread the word in the community about different sports; walking, netball, walking rugby. And that is slowly sort of... that'll take a bit longer but I certainly don't want football to be an off-put if you like - in the team sports there's a lot of opportunities for other people...'* (Simon, ST W1).

Finally, there was discussion about whether the inclusion of other clinical staff in the groups could be advantageous, raise awareness of the group's activities and benefits, and build relationships: *'I would like to see staff more engaged in activities in... as a whole... The trainee doctors should come along and do it'* (Stewart, ST W1). Yet some felt this would be intrusive and inappropriate, or that staff shortages would prevent this being possible: *'... unfortunately... we've got problems on the ward at the moment with numbers – they're exceptionally short-staffed so...'* (Simon, ST W1)

Discussion

We collected focus group data from player members of four collaborative mental health football projects located in two geographical NHS Boards in Scotland.

Perceived benefits

The clear emerging message was that this particular style of mental health service engagement was perceived by members as positive. Regularly playing football within a facilitated group was experienced as being associated with enhanced social relationships,

personal recovery, and improved physical health and mental wellbeing. The study findings highlighted how participants had valued playing football during periods of acute illness and hospital care, and within their community based care. The football groups were viewed as fun, inclusive, and as providing a valued structure or focus to the participants' week. Findings about the perceived benefits of football groups in this study support Schneider and Bramley (2008), who consider the relational aspects of mental health care which, at their best, offer numerous opportunities for social inclusion, and addresses some of the stigma and negative public attitudes which can affect the confidence of people with mental health problems. Three of the four groups operated within their local community, and there was a sense this was linked to the groups' involvement in mental health-related activism campaigns: For example, members of two groups noted their involvement in the Scottish Association for Mental Health's (2016), 'See Me' anti-stigma, and the Scottish Government's (2013) Suicide Prevention Strategy 2013-2016.

Reports from some group members of improved physical wellbeing, notably from weight loss, chime with the findings of Mason et al. (2016) where opportunities for physical activity within socially disadvantaged neighbourhoods similar to some in our study can lead to particularly good physical and mental wellbeing gains for individuals. Previous studies have revealed that belonging to a particular group, and association with a team, can foster personal meaning and should be encouraged (Gau et al., 2009). While research is divided on the question of the precise benefits of exercise for all people with serious mental illness (Pearsall et al., 2014), it is overwhelmingly likely that it is not harmful. The subjective reports of improved wellbeing from our participants do not provide the hard physiological data of benefit but, in sympathy with the qualitative nature of the enquiry (Wang & Geale, 2015), speak to the *meaning* of their engagement in the groups: in short, for these participants, engagement *means* wellbeing.

Elements that support or hinder success

The study findings revealed a number of key elements that allow for the success of the projects, including peer support, an interest in playing football, and organisational commitment. The football groups provided an opportunity for the development of relationships and friendships with people who often, but not always, shared an interest in football. The commitment of both staff and service users appeared central to the formation and sustained success of a group in which peer support is both given and accepted. Access to regular exercise and team work was at the heart of the activity. Our analysis revealed that the mechanisms by which this occurred were commonly understood by group members to be collaboration (both 'on field' and 'off field') and competition ('on field'), and an overarching sense of fair play. For some participants, playing football conjured up memories of dreams and aspirations from their youth. This might partly explain the importance of the groups to service users and staff because, no matter what their backgrounds or current situation, they presented opportunities for inclusion and a sense of personal recovery.

Importantly, consistent with findings by Le Boutillier (2011), it was highlighted how organisational commitment and staff involvement was crucial to their success and without which they might not exist in their current format. Service users spoke of how they viewed practitioner input as important in their care. In particular, they appreciated the staff's role in organising, coaching, refereeing, caring for injuries, and most importantly, the therapeutic alliance and positive experience of care. They also stressed that they were able to identify more closely with staff who appeared to lose, at least in part, some of their professional identity and become, like them, just players in a game of football.

While participants readily noted the importance of key elements in the success of their groups they also identified barriers. Notably, there was acknowledgment that there had been difficulties in engaging or collaborating with their local professional football clubs to further

support their ongoing ventures, drawing some attention to the barriers that can still be experienced by mental health projects as they try to develop and evolve into local collaboratives.

Football and mental health care

The football groups we studied provide a positive example of how service user involvement, coproduction and co-delivery of mental health care can be achieved (Schneider & Bramley, 2008; Stickley & Wright, 2011). Perhaps understandably, this appeared more evolved in longer-standing community-based groups than in an inpatient setting with a more fluid membership. Hickey and Kipping (1998) have described a continuum of participation in user involvement ranging from consumerist to democratized approaches. Certain aspects – notably, involvement in hands-on training, administration, and fund-raising - of the longer standing groups seemed to achieve significant levels of democratization involving partnership and service user control. We found that participation, in a specifically football context, could also be conceptualised on a continuum ranging from *playing*, to engagement in *planning*, and, beyond, to *proselytising* for the benefits of football or walking football.

However, despite such positivity, also evident was a certain level of anxiety or lack of certainty, whether founded or unfounded, about the continued future of projects. This suggests that user participation at the group level was not perceived to be appreciated at the systems level of mental health care. Gutteridge and Dobbins (2010) have described how a truly participatory approach will manifest not only in terms of practices that encourage users to be involved – evident in abundance here - but also in the cultural fabric of an organisation, i.e., in a commitment to participation at all levels, in structures that facilitate and resource participation, and in regular review systems to ensure involvement and to evidence change. In short, the longstanding nature of some groups appeared to be one key factor in their success because that certainty provided a stable base for developing relationships through the

competition and collaboration of the football endeavour. In that context, messages perceived to question the therapeutic value of the groups – for example, a perceived need to evidence success by demonstrating tangible gains, or to move people through the system to an ‘exit point’ - highlighted the need for democratization beyond the groups and within the hierarchies planning services.

The role played by football in personal recovery

Recovery-oriented approaches have been embraced by mental health service providers in recent years and become the dominant paradigm driving mental health policy across the western world (Slade, 2017; Tomes, 2006). For those experiencing mental health problems, recovery represents an opportunity to pursue social inclusion and recover a new sense of self and purpose (Deegan, 1996). It is seen as a unique process which encompasses a fulfilling and meaningful life in the absence or present of symptoms (Anthony, 1993). This challenges previously accepted truths of recovery; the outcome of clinical treatment, symptom reduction and improved functioning, and now considers the narratives and insights of experts by experience as wisdom (Slade et al., 2014). Collaborative projects involving sport would, intuitively, appear to be a vehicle for successful delivery of recovery-oriented care; in addition to beginning to address the disproportionately poor physical health outcomes of people with mental health problems including obesity, heart disease, and sedentary lifestyle (Janney et al., 2013; Manu et al., 2015; Crump et al., 2013).

The current study has highlighted the role that mental health services can play in promoting individuals’ personal recovery through the adoption of a recovery-focus (Slade et al. 2014). Although recovery is a service user movement (Deegan, 1996), in recent years it has acted as a guiding philosophy for policy makers and care providers, supporting the design of services that meet service users needs (Stickley & Wright, 2011). The findings of this

study reflected this, but such interventions and service developments need to be underpinned and evidenced by research to consider their role and identify just what makes them significant to personal recovery. Slade et al. (2014) noted that some recovery oriented practices may not survive this examination and will in time be disregarded, while others will emerge as guiding principles for future mental health services and wider societies.

The role that mental health services have in promoting personal recovery is still evolving, creating some confusion about best practice (Slade et al., 2014). However, supporting individuals in developing so-called CHIME elements of connectedness, hope and optimism, identity, meaning in life, and empowerment (Leamy et al., 2011) are central. Likewise, Le Boutillier et al. (2011) regard citizenship, organisational commitment, a personally defined recovery, and working relationships as central. These interlinked theories provide evidence to guide the development of a recovery focus in services and resonate with the findings of our current study. They also highlight the importance of having a workforce who are knowledgeably equipped to work collaboratively with service users to develop services in such a way that aligns with recovery practice frameworks (Leamy et al., 2011; Le Boutillier et al., 2011; Slade et al., 2014).

Study strengths and limitations

The study was conducted without funding and was limited geographically to two NHS Boards in Scotland and only four football groups were recruited into the study. The gender of participants (80% male) is a limitation, therefore further research into female participation in collaborative football or sports that might be more appealing to women is necessary to investigate their benefits. It is possible that different dynamics may exist between modes of football (regular versus walking football) that would emerge from a larger sample. We noted, subjectively, a greater sense of overt competition in the talk of regular football groups,

possibly associated with the exclusively male membership. Walking football, again impressionistically, provided a more typically 'therapeutic' environment with more explicit talk about fair play or playing at the level of the less-able in the team. The time operating of different groups is also of note as experiences over 15 years may not be comparative to 6 months or shorter.

Conclusion

Our study has allowed nominal categories of 'service users' and 'staff' to reflect and speak equally about their experiences, hopes and concerns. It identifies that collaborative football groups can act as a conduit for recovery; similarly, they can be an important aspect of mental health care and identifies a number of benefits in common with previous investigations, including promotion of a reconnection with personal history, and improved wellbeing, mutual support, social opportunity, and friendship. The study adds greater clarity to the significance of staff involvement and relational aspects of care, the importance of co-production and its' potential to engage service users in skills development and mental health related activism. The findings are consistent with those suggesting that the support of mental health staff, the organisation of activities, and a degree of permanence are enabling factors to sports participation and highlights the importance of design and delivery. This includes motivated and committed staff, facilitation of democratization such that 'service users' take greater control and become leaders, alongside fostering team spirit and co-production.

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Box 1: Focus group schedule

Domains / questions	Study aims
1. Introductions/ icebreaker.	
2. Participants ask any questions about the study; collect informed consent; discuss ground rules for group; confidentiality and its limits.	
3. Explore history of the group and participants' involvement. Draw timeline.	i); ii)
4. What has facilitated the success of the group / team? Any barriers to success?	ii)
5. What benefits has the group brought personally to members?	i)
6. How does playing football in this team support your recovery and wellbeing?	i); iii)
7. How does the group impact on relationships between service users and staff?	iii)
8. What advice would you have for others starting a similar group?	ii)
9. Questions you would ask another group about their organisation?	ii); iii)
10. What might further improve the success of the group?	ii)

Highlights

- Central to success, were perceived relational, personal and physical recovery-related benefits.
- Competition and collaboration related aspects were important drivers of interest in and commitment to the groups.
- Participants identified barriers to and concerns for continued success; specifically, they expressed that they need more explicit support from higher echelons of management and service design.
- The clear emerging message was that collaborative football groups were perceived by participants as a conduit for recovery and an important aspect of mental healthcare delivery.
- Playing football was associated with a sense of wellbeing, and enhanced relationships between service users and staff.

Group Identity Role of Staff	Duration Attendance	Social Capitol/agency	Empowerment Equality & Solidarity	Group Events competition	Raising awareness	Increased Motivation	Leading to new things	Understanding & peer support	Commonalities Overcoming adversity	Increased Fitness	Increased Health
Sense of Ownership Leadership	Investment In Group	Relationships & friendships Humour	Bringing people together	Increased Confidence	Sense of Achievement Goals	Connected Involved	Work Volunteering Structure	Mental Health	Flexibility	Increased Wellbeing	Sense of Recovery Hope

F 3	<p>About a year ago, I think it was when you started.</p> <p>currently a patient at the Mulberry Unit.</p> <p>and I'm Links Park Community Trust Project Officer for Health.</p> <p>I'm a Physiotherapy Assistant, based at Mulberry and Carseview.</p>	<p>You have to... you have to play to the weaknesses of the lesser person obviously.</p> <p>It's like where you could... you could easy just go and score with the wall but you'd rather pass it and have a game.</p> <p>It's almost sharing.</p> <p>. There is the... the winning or the losing... and you have to accept both equally, and I think that some people don't really have that kind of balance sometimes in their life they don't... they struggle with it, you know? Either always winning or always losing and then... so there is that...</p> <p>Sense of gratification as well is it?</p>	<p>Yeah, when we have more it tends to be... the ball's travelling just as quick but there's more people to cover the areas so you're not having to work quite as hard.</p>	<p>it's a good way to get people out their shell as well cause I've seen people that are... on the ward they're really quiet and that, they come along to the walking football, they get a touch of the ball and that and it seems to bring them out a wee bit if you know what I mean?</p>	<p>That's probably why. It's not too high intensity either, anybody can do it.</p> <p>So that was obviously quite fast there but it can be slow as well.</p> <p>It can be, it depends who the people are I think... very, very dependent on who's playing.</p>	<p>I think it's due to the fact there's nothing to do on the ward - so it gives you an outlet kind of thing.</p>
	<p>I've been to every session bar one I think, have I not? Or maybe bar a couple because I've been away. I've been in for two months.</p> <p>So that's what, eight sessions?</p> <p>I've probably been to about five.</p>	<p>Cause there's times when you could easy just go score a goal but you're better off passing it and having a game, you know what I mean?</p>	<p>That's right. We have done it also where if we do have six, we've split it into a round robin so you'd have a wee mini tournament, maybe three minutes a game and then... so it's not too long sat out... and then just play each other twice</p>	<p>But they're still... still involved.</p>	<p>Yeah, give everybody a chance of...</p> <p>Participating.</p> <p>... taking something out of the session.</p> <p>Like if there's women and that there pass the ball to them, let them get a touch</p>	<p>Just the exercise for a start- the serotonin, whatever.</p> <p>The physical side of it's just a benefit...</p> <p>Good.</p>
	<p>Given that we run gym sessions in here, there's...</p> <p>Carseview larger did you say?</p>	<p>Yeah, and like you said L there's this, you know, it's people from the ward, it's people from outside, it's A coming in delivering a session. And everybody's working together. It's a good way of</p>	<p>Yeah, that's it, we've tried to make that probably the main thing that we try and focus one each session is... is for that to happen.</p>	<p>And then, like I said, if there's people new to the ward and that it gets... breaks the ice kind of thing, and they come along to it.</p>	<p>Yeah, cause I've seen people that won't say a word on the ward yet after they've had a game of this they'll kind of... don't know, it's</p>	<p>A rewarding kind of feeling I suppose.</p>

Group Identity Role of Staff	Duration Attendance	Social Capitol/agency	Empowerment Equality & Solidarity	Group Events competition	Raising awareness	Increased Motivation	Leading to new things	Understanding & peer support	Commonalities Overcoming adversity	Increased Fitness	Increased Health
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<p>You could just do two-a-side then.</p> <p>No, there's no football.</p> <p>There's no football?</p> <p>There's no football in the... in-patient service in... in Carseview.</p>	<p>releasing energy. And, yeah, altogether it's... I mean people that come along... we find that they'll re-attend.</p>	<p>I think there's quite a fine line between keeping it competitive and keeping it so your still 'Good shot', 'Good goal' kind of thing.</p>		<p>weird.</p> <p>And it's like... there's not a big vocabulary that's needed, you know, 'pass', 'here', 'nice one', 'good effort', 'behind you'.</p>	<p>I would... I would say enjoyment, rewarding... challenging.</p> <p>A PRN?</p>
<p>... it's... it tends to be the majority are community based patients.</p> <p>Although we do have the ability occasionally to bring in-patients across; but it's transferring them off-site. So here we have the advantage that it's all in-patients, we don't have anybody coming in from outside although we have talked about that being a possibility of getting... getting folk to come in. But access to here's not great and if anybody plans to come across then it's a fair bus journey if they're coming from Forfar or from Montrose.</p>	<p>It's more a sociable thing I think than... fitness, isn't it? It's more a... interaction I think.</p> <p>... that goes along with it; it's mainly a social interaction I think.</p> <p>That's it – it's the feel good factor of help the teamwork</p>	<p>But you're still wanting to win.</p> <p>No, not really.</p> <p>If it's a good goal it's a good goal.</p> <p>If it's a good goal it's a good goal, aye. You have to accept that - be gracious in defeat.</p>	<p>... so that when you're discharged you can go 'I'll go to Arbroath', 'I'll go to Brechin'.</p> <p>If people wanted to come back after discharge can they do that or is that</p>	<p>If somebody's... if somebody's standing in a space you're gonna pass the ball to them anyway aren't you, so even if you're no really wanting to play you get the ball anyway.</p>	<p>Like I said, you feel better after it. I don't know if that's... cause you've been moving about and that probably...</p> <p>I'll probably sleep a little bit better tonight, I would think.</p> <p>Even though we just hurt.</p> <p>Yeah I do, yeah, because... it's... it's quite a skilful game, especially with the smaller ball, so it... you have to think about more.</p>
<p>This room's a life saver, tell you the truth, really good.</p> <p>This is... this is fantastic having this facility.</p> <p>A barrier would probably be, you know, the people that were discharged last week, you get a sort of a head of steam up and...</p>	<p>I think the team... it's important to get the teams quite balanced, so that's like... that's... that's a thing to do always when you're doing these sort of... just football in general basically; you can't just have, you know, all the best players together against the weaker players, so that's just... once you've got that sorted then you've got your platform for a nice sort of</p>	<p>Aye. They was... they was good and they were going back onto the ward and being advocates for us. They were generating the numbers so</p> <p>A lot of the time it is, it's word of mouth, if somebody comes and tries it and goes 'That's fantastic' then word of mouth and then they'll give it</p>	<p>I actually prefer it when there is people there that are physically a little bit... cannae do stuff – it's good to get them interacting.</p> <p>When I first came in here and seen it on the board I thought 'Christ, that'll be fun' you know what I mean? And now I've did it and it</p>	<p>I've... my trick is that I just forget what the score is and I've done that for years... decades. I just like genuinely don't remember! I just, you know, unless it's like a real match like, I don't really concentrate on the score. We used to coach football with the kids and we used to coach that ethos so it wasn't for like seven to sort of</p>	<p>It actually helps.</p> <p>I think we just really want to try and cultivate any kind of physical activity in mental health wards I think. Is this... Sunnyside was nothing to do basically, compared to here.</p>

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	then people... people are discharged so it's... for... from my point of view, looking forwards it would be great to have like sessions in their home towns so that it...	even session. There's always ways to... to change things up and even things up a little bit, you can... you can...	a go so...	was alright, you know?	twelve year olds, the interest wasn't what the score was particularly, it was about what they were doing, what they were saying, where they were going, you know?	I think the facilities here are a lot better than...
	I contacted the guy who set up walking football in Carnoustie and said 'Any chance of a women's walking football in Carnoustie Sports Centre?' He said 'Yes, there is a chance' cause W's managed to get a hold of about eleven folk so, you know, just an idea but that's how things are created. We'd like walking football to be in each of their towns	Depending if the medication's working or no! I'm only joking, sorry. I haven't heard anybody say they don't like it Sometimes people have got reasons like they're no feeling well so they cannae come or whatever, but most people do enjoy it. I've never heard anybody say they don't like it	Obviously it is quite easy but it's a chance for somebody like, for example, W last week, with the... the wheelchair – she was able to take her penalty, no goalkeeper to worry about, just play that ball down the middle and score your goal. So it was allowing everybody to get that opportunity.	So for someone who plays football, what's the point of walking football? And then other people... I'm not a footballer, certainly not in any shape or form, and I was like that 'We'll give it a go'. And I think the majority of people, who don't actually say if they've tried it - they enjoy it.	W was playing in her wheelchair wasn't she? When somebody got me... it was L that got me to... They were making our job an awful lot easier. It was L that got me to come.	So it's a bit more relaxed, it's a bit more normal. Than having to be completely, you know, in control.
	We haven't... we haven't really come to a... a complete... an agreement, well not even an agreement – I think that's probably too strong... They're not actually on the ward so it would probably... We've... we've skirted round it, we've kind of had some kind of discussions but we haven't put it out there.	It's when I get nutmegged from... from everybody like, yeah... 'God, I should have kept my legs crossed'	It depends on the session I think. When it was... today it was more one-to-one kind of thing. But other times you're wanting other people to participate more and that, but I think today it was about winning!	The netball could be quite easy. It spurs you on a bit I think.	And like... like) said it depends on the ability that's there in the session and... which was good to point out on is that depending on that level of the... maybe the weaker ability person, that that's where, you know, it comes down to that level to allow that person to... It's like the weakest denominator.	And look after your own health.
	The... the pros are... well, the cons are the fact that it's the size of the area so if you have six patients and you end up for any chance,	That's kind of what I was saying as well, I prefer it when there's like people there that dinnae usually... that would never usually think would play football but	You sometimes feel really good when you score a goal. Yeah, I know what	The main thing. Like I said, when I first seen it I thought 'Walking	Everybody likes putting the ball in the back of the net and that's... what's, you know, that's what we're... we hope each person can do like, you know, if they handle it or...	

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	you know, that six people from the community came in...	they'll come along to it.	you mean, when you feel like a ??? you feel good... skills and stuff like that We do – have you seen Scotland?	football' but then L assured me that it was good so... I came along and enjoyed it.	It's good if there's like a lassie playing and you get her to score a goal cause... Well that's... see with the penalty?	
	... would be absolutely hectic! It would... and we would have to kind of think on our feet and change it round and have different ways of games and things. It wouldn't be insurmountable but I think it would... it would...	It kind of changes the perception of... of people that they have of football as well, which is an important aspect of what we're trying to do It also changes some of the perspective of... how people perceive others. You know? They come in with one idea of... you know, they've maybe seen them round the ward, they're maybe quiet or kind of aloof or whatever, and they play football and they've joined in and they go away with a completely different...	No, but it is... you do... I know what you mean though, yeah, you do, your imagination... ... a good pass and you do manage to... you know, if you manage to not make... It is a good feeling eh? ... it's... it's actually good	That's the main thing I think, just giving it a chance - the same as anything really. You can't disprove something or whatever just by virtue of what it's called. . I'd be happy to help people understand what we've done or what we've found that works. In a different centre, a different acoustics, a different facility, different people, different coach, it's a different ballgame but... there should be..... there should be some consistencies there.	to make some differences to people. And for me it's been great, a great sort of project to work on. And I think that's a lot of people's perception, when they first see... Walking football you think, you know... They can't really seem to ??? (47:57) They can't really picture walking football, you know what I mean?	
	It could work but I think realistically... I think to get people to come from Montrose or... Brechin's... cause it's fairly close, you possibly could but... Eight to ten peoples' about best is it?	We've had three times I think... we've had three. I wasn't here last Monday... It was I... eh, N last week. He was brilliant, he really enjoyed it. And I think we've had... one lady came through for... I can't remember, was it H? Yeah, yeah, she played for about three minutes and then sat down cause she was knackered!	We just do... aye, it's... I think when you're playing you can relate it to football and the crowds that can watch them, you know, it's... it's good to imagine a wee bit. I mean if you get a little bit of 'Oh, nice one!' from a few folk then it is similar to a bit of crowd reaction.	I would always say if people have an interest, like A says, you know, find out about it. If there's one running locally then find out about the... the one that's on at... closest by... but if there's nothing close by then... set up two... two sets of jerseys and just go for it.	It was like when N came the first time, she was like 'Oh but I'll never get the ball, nobody'll give me the ball' and somebody passed her the ball, she was enjoying herself... really enjoying herself. I struggle to remember what I did last week, never mind what... happened two months ago, but... no I mean it doesn't... and that's the other advantage of being here is that, you know, people who are on ward-based care – providing they're allowed off the ward into here – then it's... it's not an issue, it's still a secure environment so... it... it	

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					doesn't automatically preclude them from... from taking part.	
<p>I think for folk further afield I think it would be a bit of an ask but... I mean it's something we haven't discounted but we really haven't piloted to see how much of an uptake there would be.</p> <p>However, if there was a way in the better weather, we could maybe have it outdoors, cause we used to use the grass out there.</p> <p>That would be good.</p> <p>Yeah. And there was times when the weather was great but... we just couldn't recruit enough people. And you're like 'Oh, it's beautiful, sunny, it's like eighteen degrees – let's go' and it just wasn't really happening so... when it started raining we had the other option which was to come in here. And it just seemed to work a bit better in here with the numbers so we just stuck to an environment which is the same each time, so if you come once you know what to expect...</p>	<p>The trainee doctors should come along and do it.</p> <p>So either a member... usually another member of staff will come in. And I think that was probably when H was here, cause she was on obs with him. And we tried to encourage her to play, I said 'Well, you can be on obs and actually still be active' so...</p> <p>There's nobody... there's nobody has a reason for sitting down.</p> <p>The Mexican Wave's a bit short.</p> <p>It's just a wave.</p>	<p>So if there is a crowd reaction from even one or two people...</p> <p>If somebody... if somebody does a good move everybody says 'Well done' you know what I mean? Even on the opposite team.</p> <p>The other thing is like... in case people do have a mental block with football and they don't want to do that, then I've been trying to spread the word in the community about different sports; walking netball, walking rugby. And that is slowly sort of... that'll take a bit longer but I certainly don't want football to be an off-put if you like - in the team sports there's a lot of opportunities for other people to...</p> <p>— I get more of a sense of achievement out of getting the feedback from others. So if they've enjoyed it then that's... that's the... to me, that's the part I... I would get a buzz from that.</p>	<p>And organised, you know, and we do try and promote people to have their own ideas and, you know, we've had people having their own table tennis tournaments, so that would be organised on the ward with patients, and they've done it themselves... you know?</p>	<p>was on obs and he played.</p> <p>Never judge a book by its cover eh?</p> <p>Yeah I mean, it's... it is like an open session, you know, so if somebody's not having a great day and they feel that they're just not in the right place then... I mean for them to feel that they don't want to carry on and for nobody to be, you know, going after them saying 'Oh, come back, come back'.</p> <p>I think I left one session, wasn't feeling well and then... it was fine, I just</p> <p>And you don't... when you say 'Oh do you want to come to walking football?' it's not a case of you feel like 'Oh I have to go'. And if you don't want to go you just say.</p> <p>Yeah – I didn't feel good today. But I came anyway.</p>		
<p>Aye it's good... we've... a couple of lads have helped us sort of recruit people so it's been great to see</p>	<p>Well, you've got that anyway.</p> <p>I don't know if... necessarily publicity, I would like to see staff more engaged in</p>	<p>We'd even like people who maybe don't want to play – we've had a few spectators – which is important for that crowd noise, obviously not...</p>		<p>There's always somebody in here, there's usually always somebody.</p>		

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that knock-on effect. I think, you know, L, W, N, J... L – they've all kind of played like five or more times, which is amazing, that's what we're after, you know, but like I say we want people to come back...	activities in... as a whole... That's one point I should have brought up actually. ... and coming along to sessions like this, I think would be of great advantage. But like I say, staffing have always got... they've always got issues with numbers. That would be a lot better cause it would help patient and staff...	we're working on the crowd noise but... but that's something that we've spoke about was to get them... just to come and watch.		I mean this place is open during... out of hours as well, so we do a gym induction so I'll take folk round and give them an induction into the gym. And then providing they have time off the ward they can come and use the facilities.	
Well I mean, I can say so... I mean, I used to play football. My last full season playing eleven-a-side was two years ago. So this is my only football that I get now... here and the Wednesday night block of football at Lynch Park so... it's great to see people playing football, I used to coach other teams as well, so for me I've kind of just shifted my perspective, trying to get walking football to as many people in the community as possible, spread the word, try and get it to	relationships would be a lot better. I half expect to see a couple of staff members here all the time but... Yeah obviously they're busy doing other stuff. Yeah, there's always... And that would be great. ... there is... there is things on and it's... it would probably be unfair and... huffy to... to pick on them and say 'There should... they should have two staff available It would be really good that, it would be really good. We'd probably have to pay them. Sorry, a bit facetious	Give it a whirl. Get yourself down there Monday nights, Lynch Park We have had... some folk that... can get a bit over zealous. J... J used to get a bit carried away I think. Yeah, and it's just a case of you just have to kind of...		The first time's always the hardest.	
I would say... if it was... if it was for staff or coaches I would say try and get sessions set up in Angus in particular in each of the towns... and work with NHS staff... the	It would be good if staff did come along and... but like I said, they are quite short-staffed I think at the moment. I don't think... I think it's laziness on the	I know people... if anybody... people that have... like I said, everybody that's been to it, I've never heard anybody say 'Oh, I'm no gonna go back to that – that was rubbish' kind			

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specialist physios to find out the best way to sort of... recruit people to come along, or the best way to be like the manner of your sessions or the set-up	staff's behalf to tell you the truth. I think they could probably spare twenty minutes... or twenty five minutes. It would make a big difference, it would make a big difference.	of thing so... it's just getting people to realise that walking football is better than it sounds!			
<p>There should be some consistencies there in terms of an approach so... like I mean we've got rules up there which... they're up there just to point to really but...</p> <p>Oh yeah – no running!</p> <p>You know, no tackles from behind's a good one because then you're making sure that people's ankles aren't getting kicked at. So I'd say just have some safety rules.</p> <p>The rules can be bent though eh?</p> <p>Yeah.</p> <p>We're... we're not...</p> <p>Stick roughly to the rules.</p> <p>Yeah, we're not... we're not...</p> <p>I would say that in Scotland we just need to do this more, especially with football, cause it's right there for us, we've just got to link up the thinking and the talking and, you know, hopefully in the... well, myself and F have spoken</p>	<p>We could trick them into doing it.</p> <p>Then we went for a cup of tea and finished off the meeting.</p> <p>We could trick them into doing it; just tell them to come in early.</p> <p>There's that kind of way that we want to try and say 'Look, just take twenty minutes' you know, like L says 'Twenty minutes out your time. Come and just have a blether and...' cause everybody should have, you know, a couple of breaks in a day, shouldn't they?</p> <p>Even why... a staff member just came for five minutes and just had a wee kick-about.</p> <p>They'd certainly get a wee puff in their cheeks, especially in here it's... it's...</p> <p>Yeah, it's warm.</p> <p>Right ok, I'll remember that one. See if you come next time 'That's my foot, it's the left one' aye...</p> <p>Yeah, with... B, and she now comes to walking football... the Monday night</p>	Fliers maybe.			

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	about maybe a mental health football team based at Lynch Park ??? (1:12:11) cause it's a... it's a plastic pitch, we can train on the wee pitch any time. And it's a cen... it could be a central hub for everybody to come to.	sessions. But she was keen and she thought there was about six women who wanted to play walking football, it was just trying to find the way to do that because I don't think their boss was keen on them taking half an hour out...				
	<p>See the only thing that I've found, you have... there's a fine line between involving people and patronising them, if you know what I mean – I don't mean that in a bad way – but you know what I mean? Like sometimes it can feel patronising or, you know, people can maybe feel that way when they get a nurse to... do stuff and that... patronising kind of feeling. And I don't feel it myself but I can imagine that some people maybe could at times.</p> <p>Probably from... like it wouldn't get called like, you know, a mental health football team but it would... the team would have a name...</p> <p>and then that would be, you know, rather than sort of putting up a barrier straight away.</p> <p>Yeah, yeah... yeah, that's it.</p>					

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It just stigmatises it a wee bitty I think, stuff like that. Yeah, it does, doesn't it?											
How many... how big an area do they play in? Kind of stuff like that, more technical things I would probably ask.											
A bigger space would be better obviously and if there was more people, but that space was fine for the amount of people there was today... obviously. This space is fine for up to, say, three/four-a-side isn't it?											
You must have a great job that would be fine. I've been doing it twelve years and never regretted a day – almost! That would be braw.											

Example of emergent themes from focus group three.

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THE DATA WAS CATEGORISED (THEMATIC ANALYSIS)
ACCORDING TO POTENTIAL THEMES TO FACILITATE
INTERPRETATION

Group Identity	Social Capital	Group Events	Mental Health	Increased Motivation	Increased Fitness
Duration & Attendance	Relationships	Raising Awareness	Understanding	Leading to New Things	Increased Health
Sense of Ownership	Empowerment & Equality	Increased Confidence	Commonalities	Connected Involved	Increased Wellbeing
Investment of Group	Bringing People Together	Sense of Achievement	Flexibility	Work Volunteering Structure	Sense of Recovery

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EMERGING HIGH LEVEL THEMES

Identity and relationships	Being part of something bigger and important	A good life & a sense of recovery
Group identity	Group events	Increased fitness
Sense of ownership	Raising awareness	Increased health
Duration/attendance	Increased confidence	Increased wellbeing
Investment	Sense of achievement	Increased motivation
Leadership (New)	Understanding	Leading to new things
Social capital	Commonalities	Connected / involved
Empowerment & equality	Caring (New)	Work / volunteering / structure
Role of staff (New)	Recognising / supporting the needs of others (New)	
Friendship (New)	Mental health	
Bringing people together	Team (New)	
	Flexibility	

This led to 4 high level themes being identified. Relational, recovery, competition, and barriers and concerns. Barriers and concerns was revealed during a second round of coding as we collated some dissenting views that had not fitted with the original coding but seemed important.